CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MATK NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address 5 CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER ADDRESS (Residence or business)	Goldberg ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 405 Main, Ste. 500 Houston, TX 77002 TITLE FIRST MI Alan NICKNAME LAST .SUFFIX Helfman STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: 4807 Kirby Houston, TX 77098	Recapt Amount Date Processor Date Imaged ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 524-3801	
8 REPORT TYPE	January 15 30th day before election Runoff X July 15 8th day before election Exceeded \$500 limit	15th day after campaign freasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH 6 30	
10 ELECTION	ELÉCTION DATE Month Day Year Primary Runoff	General Special
11 OFFICE	OFFICE HELD (# any) Houston City Council, Dist C	wn)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the call Candidates are required to disclose this information only if they receive notification of the discharge. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	ndidate's prior consent or approval, rect campaign expenditure. ••
additional pages		
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

4 C/OH NAME Mar	k Goldberg		15 ACCOUNT # (Ethics Commission filers)
6 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	es political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates ary receive notice of such expenditures.	e / officeholder. These expenditures may no officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL ,	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavil bel	ow and submit pages 1 and 2 only.)
CONTRIBUTION TOTALS	1. TOTAL PLEOGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$23,521.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$131.48
	4. TOTAL	POLITICAL EXPENDITURES	\$9,246.42
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
AFFIX NOTARY STAM	d before me, by the s	is true and correct and includes all me under Title 15, Election Code. Signature of gand aid Man Goldberg this the	perjury, that the accompanying reported to be reported by didate or Officeholder
19 02 , to certify v	which, witness my ha	nd and seal of office.	
Signature of officer a	chabas	ETIC M. Schubert Print name of officer administering oath	Notary WHIC

SCHEDULE A1

The Instruction G	Guide explains how to complete this form.				Total pages this Schedule A1: 4
FILER NAME:	Mark Goldberg				ACCOUNT # (Ethics Commission filers)
Date 1-24-2002	Full name of contributor TREPAC	out	ol slate PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zi	ip Code			
Principal occupa	tion (Optional)		Employer (Optional)	
Date 2-5-2002	Full name of contributor Ansun PAC Contributor address; City; State; Z	ip Code	t ot state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupa	ation (Optional)	- 	Employer	(Optional)	
Date 2-21-2002	Full name of contributor Bob Perry Contributor address; City; State; Z	□ oi	ul ot state PAC	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
Principal occupa	ation (Optional)		Employer	(Optional)	
Date 2-21-2002	Full name of contributor Doylene Perry Contributor address; City; State;	Zip Code	out at state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
Principal occup	ation (Optional)		Employe	r (Optional)	
Date 2-21-2002	Full name of contributor Sam Barbar Contributor address; City; State;	Zip Code	out ot state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	pation (Optional)		Employe	r (Optional)	

SCHEDULE A1

The Instruction	Guide explains how to complete this form.	•		Total pages this Schedule A1: 4
FILER NAME:	Mark Goldberg			ACCOUNT # (Ethics Commission filers)
Date 2-25-2002	Full name of contributor Texas Coalition for Good Government Contributor address; City; State; Zip Code	out ot state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupa	ation (Optional)	Employer	(Optional)	
Date 2-25-2002	Full name of contributor Ricky Kamins Contributor address; City; State; Zip Code	oul of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupa	ation (Optional)	Employer	(Optional)	
Date 2-25-2002	Full name of contributor Linebarger, Heard, Goggan, Blair, Graha & Sampson, LLP Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occup	ation (Optional)	Employer	(Optional)	
Date 2-27-2002		oul ot state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occup	vation (Optional)	Employer	(Optional)	
Date 2-28-2002	Full name of contributor Gerald M. Brady Contributor address; City; State; Zip Code	out ot state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occup	pation (Optional)	Employer	(Optional)	······································

SCHEDULE A1

The Instruction Guide explains how to complete this form.					Total pages this Schedule A1: 4
FILER NAME:	Mark Goldberg				ACCOUNT # (Ethics Commission filers)
Date 2-28-2002	Full name of contributor W.M. B. Wilkerson, Jr.	out ot sta	te PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Co	ode		·	
Principal occupa	tion (Optional)	Er	mployer (Optio	onal)	
Date 2-28-2002	Full name of contributor Vidal Martinez	Out of sta	ete PAC	Amount of contribution (\$) \$321.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Co	ode 			
Principal occupa	ation (Optional)	E	mployer (Option	onal) <u></u>	
Date 2-28-2002	Full name of contributor Lawrence W. Hill	Out at si	ate PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip C	code			
Principal occupa	ation (Optional)	E	mployer (Opt	ional)	
Date 2-28-2002	Full name of contributor Michael Stevens	out ot s	itate PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
•	Contributor address; City; State; Zip C	Code			
Principal occup	ation (Optional)	}	Employer (Opt	tional)	
Date 2-28-2002	Full name of contributor Brian P. Cweren Contributor address; City; State; Zip (out at	state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	nation (Optional)		Employer (Op	itional)	

SCHEDULE A1

The Instruction	Guide explains how to complete this form.		· · · · · · · · · · · · · · · · · · ·		Total pages this Schedule A1: 4
FILER NAME:	Mark Goldberg				ACCOUNT # (Ethics Commission filers)
Date 3-1-2002	Full name of contributor David F. Martinez Contributor address; City; State;	☐ ∘	out ot state PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
Principal occup	pation (Optional)		Employer ((Optional)	
Date 3-4-2002	Full name of contributor Jim Fonteno, Jr. Contributor address; City; State;	Zip Code	out ot state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occup	pation (Optional)		Employer	(Optional)	
Date 3-4-2002	Full name of contributor Houston Firefighters PAC Contributor address; City; State;	Zip Code	out ot state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occur	pation (Optional)		Employer	(Optional)	
Date 3-4-2002	Full name of contributor Fred Meyer Contributor address; City; State;	Zip Code	out of state PAC	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available) Campaign office space
Principal occuj	pation (Optional)		Employer	(Optional)	

The Instruction Guide	explains how to complete this form.	Т	otal pages Schedule F: 4
FILER NAME: Mark Goldberg			ACCOUNT #: (Ethics
Date	Payee name Payee address		Amount (\$)
1-9-2002	Barry Kaplan 2208 Tangley Houston, TX 77005		\$500.00
Purpose of expenditu	ire (See instructions regarding type of information required.)	** Complete if dire Candidate / Office	ect expenditure to benefit C/OH ** eholder name Office sought / held
Date	Payee name Payee address		Amount (\$)
1-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074		\$75.00
Purpose of expendit	ure (See instructions regarding type of information required.)	** Complete if dir Candidate / Offic	rect expenditure to benefit C/OH ** seholder name Office sought / held
Date	Payee name Payee address		Amount (\$)
1-14-2002	Jewish Federation of Greater Houston 5603 S. Braeswood Houston, TX 77096		\$100.00
Purpose of expendit Event ticket	ure (See instructions regårding type of information required.)	** Complete if di Candidate / Offi	irect expenditure to benefit C/OH ** ceholder name Office sought / held
Date	Payee name Payee address		Amount (\$)
2-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	•	\$75.00
Purpose of expendi Cell phone	ture (See instructions regarding type of information required.) expense	** Complete if d Candidate / Off	lirect expenditure to benefit C/OH ** iceholder name Office sought / held
Date	Payee name Payee address		Amount (\$)
3-6-2002	WC Management 402 West 16th Street Houston, TX 77008		\$6,034.94
Purpose of expend	iture (See instructions regarding type of information required.)	** Complete if Candidate / Of	direct expenditure to benefit C/OH ** ficeholder name Office sought / hele
Printing			

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form. Total			Total pages Schedule F: 4
FILER NAME:	Mark Goldberg		ACCOUNT #: (Ethics Commission filers)
Date	Payee name Payee address		Amount (\$)
3-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074		\$75.00
Purpose of expenditu Cell phone ex	re (See instructions regarding type of information required.) xpense	** Complete if dir Candidate / Offic	ect expenditure to benefit C/OH ** eholder name Office sought / hel
Date	Payee name Payee address		Amount (\$)
3-26-2002	Parker PTO 10626 Atwell Houston, TX 77096		\$150.00
Purpose of expenditu Donation	re (See instructions regarding type of information required.)	** Complete if dir Candidate / Offic	rect expenditure to benefit C/OH ** eholder name Office sought / he
Date	Payee name Payee address		Amount (\$)
4-2-2002	Parker PTO 10626 Atwell Houston, TX 77096		\$100.00
Purpose of expenditu Donation	re (See instructions regarding type of information required.)	** Complete if di Candidate / Offic	rect expenditure to benefit C/OH ** reholder name Office sought / he
Date	Payee name Payee address		Amount (\$)
4-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074		\$75.00
Purpose of expenditu	re (See instructions regarding type of information required.)	** Complete if die Candidate / Offic	rect expenditure to benefit C/OH ** reholder name Office sought / he
Date	Payee name Payee address		Amount (\$)
4-15-2002	University of Houston Graduate School of Soc 237 Social Work Building Houston, TX 77204-4013	cial Work	\$250.00
Purpose of expenditu Event tickets	re (See instructions regarding type of information required.)	** Complete if di Candidate / Office	rect expenditure to benefit C/OH ** eholder name Office sought / he

POLITICAL EXPENDITURES

The Instruction Guide	e explains how to complete this form.	Total pages Schedule F: 4		
FILER NAME: Mark Goldberg		ACCOUNT #: (Ethics Commission filers)		
Date	Payee name Payee address	Amount (\$)		
5-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00		
Purpose of expenditu	re (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/C Candidate / Officeholder name Office sough	OH ** nt / he	
Date	Payee name Payee address	Amount (\$)		
5-20-2002	Multiple Sclorosis Society 8111 N. Stadium Drive, Suite 100 Houston , TX 77054	\$150.00		
Purpose of expenditu Donation	ure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/Candidate / Officeholder name Office sough	OH ** ht / he	
Date	Payee name Payee address	Amount (\$)		
5-24-2002	Holocaust Musuem 5401 Caroline Houston, TX 77004	\$250.00		
Purpose of expenditu Membership	ure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/ Candidate / Officeholder name Office sough	OH ** ht / he	
Date	Payee name Payee address	Amount (\$)		
6-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00		
Purpose of expenditu Cell phone ex	re (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/Candidate / Officeholder name Office sough	OH ** ht / he	
Date	Payee name Payee address	Amount (\$)		
6-13-2002	Jewish Herald Voice 3403 Audley Houston, TX 77098	\$395.00		
Purpose of expenditure Advertiseme	re (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/Candidate / Officeholder name Office sough	OH ** ht / he	

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.			Total pages Schedule F: 4
FILER NAME:	Mark Goldberg		ACCOUNT #: (Ethics Commission filers)
Date	Payee name Payee address		Amount (\$)
6-13-2002	Leadership Houston 3015 Richmond Ave. Houston, TX 77098		\$150.00
Purpose of expenditu Event tickets	re (See instructions regarding type of information required.)	** Complete Candidate / 0	if direct expenditure to benefit C/OH ** Officeholder name Office sought / held
Date	Payee name Payee address		Amount (\$)
6-25-2002	EST International Travel 6776 Southwest Frwy. Houston, TX 77074		\$510.00
•	are (See instructions regarding type of information required.)	** Complete Candidate / (if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel
Date	Payee name Payee address		Amount (\$)
6-30-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074		\$75.00
Purpose of expenditu	are (See instructions regarding type of information required.)	** Complete Candidate /	if direct expenditure to benefit C/OH ** Officeholder name Office sought / hel